



**REQUEST FOR INVESTIGATION INTO PATRON DISPUTE**  
**(PATRON)**

**UNDER SECTION 111 OF THE CASINO CONTROL ACT (CAP 33A):**

- (1) A PATRON WHO REQUESTS THAT AN INSPECTOR OF THE CASINO REGULATORY AUTHORITY (“CRA”) CONDUCTS AN INVESTIGATION INTO A PATRON DISPUTE MUST DO SO WITHIN 7 DAYS AFTER HE/SHE IS INFORMED OF HIS/HER RIGHT TO DO SO BY THE CASINO OPERATOR.**
- (2) AFTER THE ABOVEMENTIONED 7 DAY-PERIOD, THE INSPECTOR MAY REFUSE TO CONSIDER THE REQUEST UNLESS HE/SHE IS SATISFIED THAT THE PATRON HAD GOOD REASONS FOR THE DELAY.**

A copy of the Casino Control Act (Cap 33A) is publicly available at Singapore Statutes Online (<https://sso.agc.gov.sg/Act/CCA2006/>).

**Note:**

- 1) This report is to be used by the patron to provide his/her account of the dispute to a CRA inspector.
- 2) Where the report is used by the patron to request for a CRA Inspector to investigate into an unresolved dispute more than 7 days after being informed by the casino operator of his/her right to make such a request, the patron is to state the reasons for the delay.
- 3) All fields are to be completed and where not applicable, the person is to indicate **N/A** within the field or cross out the field. If the space provided for the details of the dispute is not sufficient, please use additional pages and attach them to the report.
- 4) The Inspector may refuse to consider the request for investigation if the report is incomplete unless the Inspector is satisfied that there were good reasons for the incompleteness.
- 5) The completed report shall be forwarded to the Authority via either of the following modes:-
  - i. Postage mail to:  
Casino Regulatory Authority of Singapore  
460 Alexandra Road PSA Building #12-01  
Singapore 119963  
Attention: Executive, Inspection and Compliance Division
  - ii. Electronic mail: [CRA\\_OPS@cra.gov.sg](mailto:CRA_OPS@cra.gov.sg)
  - iii. Drop Box located at:
    - RWS: (a) Membership Counter at Level B1; or (b) Maxims Desk at Level B1M; or
    - MBS: Loyalty counter at Level B2M.
  - iv. Faxed: +65-6273-0917

**CONFIDENTIAL**

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## PATRON DISPUTE REPORT (PDR)

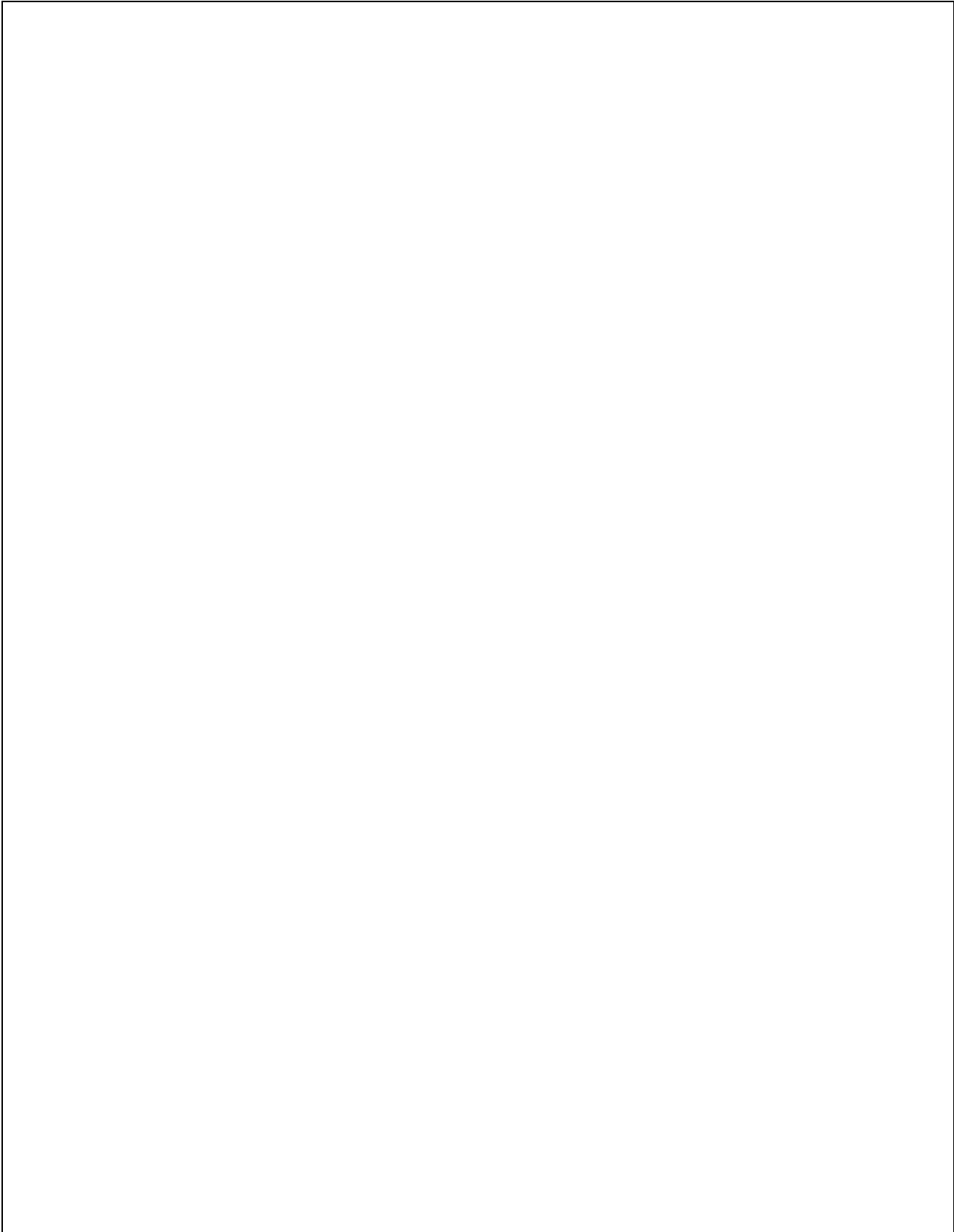
### SECTION 1 – PATRON’S DETAILS

NAME (IN FULL):		
RESIDENTIAL ADDRESS :		
POSTAL CODE:		
GENDER	MALE / FEMALE	
NATIONALITY		
NRIC/FIN/PASSPORT NUMBER:		
COUNTRY OF RESIDENCE:		
CONTACT NO:	(H)	(HP)
EMAIL ADDRESS:		
LANGUAGE SPOKEN:		
<b>FOR FOREIGNERS ONLY</b>		
PLACE OF RESIDENCE IN SINGAPORE:		
EXPECTED DEPARTURE DATE AND TIME:	___/___/___	___:___ AM/PM

### SECTION 2 - DETAILS OF DISPUTE

CASINO:	RWS/MBS	
NAME OF TABLE GAME / ELECTRONIC GAMING MACHINE (EGM):		
INCIDENT LOCATION:	TABLE/EGM NO.	
DATE & TIME OF DISPUTE:	___/___/___	___:___ AM/PM
<b>PATRON’S VERSION OF DISPUTE</b>		
<i>Please provide the following information in as much detail as possible.</i>		
<p>1) Please describe your attire on that date.</p>    		







**5) What was the casino operator's decision and explanation on the disputed round of play?**

Empty response box for question 5.

**6) Please state the outcome you had expected for the disputed round of play and the reason(s).**

Empty response box for question 6.



**7) Provision of contact information to the casino operator<sup>1</sup>**

**Please check the appropriate box and provide details where applicable:**

**CRA may provide my contact information<sup>2</sup> (above) to the casino operator when necessary for the resolution of the dispute or to address any other issues that I have highlighted in this Patron Dispute Report (for example, for the casino operator to contact me to make payment to me).**

**CRA may not provide my contact information<sup>2</sup> (above) to the casino operator. If required, the casino operator may contact me in the manner set out below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> You may withdraw your consent for your contact information to be provided to the casino operator by informing CRA in writing of your withdrawal.

<sup>2</sup> "Contact information" means your residential address(es), contact number(s) and/or e-mail address(es).

**THE ACCOUNT AS STATED ABOVE WAS READ OVER TO ME IN \_\_\_\_\_ (IF APPLICABLE). I AFFIRM THAT THE ACCOUNT AS STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**NAME / SIGNATURE**

\_\_\_\_\_  
**DATE (DD/MM/YY)**

**FOR INTERPRETER (IF APPLICABLE)**

\_\_\_\_\_  
**NAME & SIGNATURE /LICENCE NO/NRIC NO**

\_\_\_\_\_  
**DATE (DD/MM/YY)**